

Healthy Rewards Reimbursement Request Form

for Geisinger Health Plan members

Submit one reimbursement request form per member.

Complete this form to request your reimbursement of up to \$100 maximum per person, not to exceed \$200 per family per benefit period, for completing a wellness assessment and for participating in qualified activities (if you are requesting reimbursement for activities completed by family members, you must submit a separate reimbursement form for each member). Complete the information requested below and return this form(s), along with a valid receipt, to the address listed at the bottom of this form. Requests for reimbursement must be submitted within one year of the last day of the prior benefit year.

Subscriber last name	First name		
Date of birth	Phone number		
Street address	City	State	Zip

Step 1 – Complete activity for reimbursement information and include a receipt.

Reminder: A separate form must be completed for each family member. Check one or more qualified activities and include the name and ID number of the member for whom reimbursement is being requested. You must include a [valid receipt* showing the amount paid](#) for the activity indicated. The receipt must be for activities occurring within the current benefit period. The receipt should include the name and address of the business or organization along with the amount paid and the date of the activity. Canceled checks with the activity listed in the memo line including the date of the activity are also considered to be valid receipts. Reimbursement is issued for amounts paid only. Contracts for services and rate sheets are not considered valid receipts.

Member name:	Fitness center membership
Member ID:	Date of birth:

Fitness center membership

☐ Individual membership ☐ Family membership (requires a form from each member seeking reimbursement)

Membership period: From _____ to _____

Membership type: ☐ Annual ☐ Monthly ☐ Other (specify): _____

Other activities

Activity for reimbursement	Date paid	Amount paid
Soccer		
Hockey		
School athletic activity fees (registration-related)		
Lacrosse		
Gymnastics		
Swimming lessons/team fees		
Registration/race/tournament fees		
Lessons (e.g., golf, dance)		
Basketball		
Baseball/softball (including Little League)		
Volleyball		
Cheerleading		
Exercise classes (e.g., aerobics, yoga)		
Personal training at a fitness center		
Martial arts (e.g., karate, tae kwon do)		
Cycling		
Weight management program (registration/member fees)		
Tennis		
Football		
Sports camps/leagues/clubs		

Total reimbursement requested \$ _____

Ineligible activities

Activities and items that do **not** qualify for reimbursement include uniforms, athletic clothes, shoes and equipment, Peloton® indoor exercise bikes, food and supplements in general and associated with weight management programs, Weight Watchers®, fitness DVDs, fitness apps, virtual fitness classes and events, gym/exercise equipment, hunting and fishing equipment or fees, miniature golf, amusement parks, admission to sporting events, bowling, recreational activities including greens fees, golf tournaments, driving range fees, ski lift tickets, ice skating, roller skating, rock climbing, skate/bike parks, community and private pools and indoor trampoline facilities.

Activity certification

I certify that the activity information is correct to the best of my knowledge. I am claiming reimbursement for eligible activities incurred during the applicable benefit period for eligible members.

Subscriber's signature: _____

Date: _____

Step 2 – Verify completion of your wellness assessment

Completion of a wellness assessment is required by the subscriber prior to reimbursement being issued. Log into the secure member section of geisingerhealthplan.com. Once logged in, under the “Health and Wellness” tab at the top, click on “Wellness Assessment.” Click the link to complete the assessment in the redesigned experience and log into the Wellness Portal. Then follow the instructions provided for completing your wellness assessment. Be sure to sign the statement below verifying that your wellness assessment has been completed.

Wellness assessment certification

I certify that I have completed the wellness assessment available via geisingerhealthplan.com on the date indicated below during my current benefit period or during my prior benefit period in conjunction with an organized wellness program. Note: The subscriber only needs to complete one wellness assessment per benefit period. If you have already completed a wellness assessment during this benefit period, re-sign on the line below and include the original date you completed your wellness assessment.

Subscriber's signature: _____

Date of assessment: _____

Note: Reimbursement is subject to approval by Geisinger Health Plan. You will receive an Explanation of Benefits (EOB) stating whether your request was approved or denied. If approved, you will receive a check in the mail.

**Your receipts may be reviewed retroactively for validation purposes. If, upon review, your receipt is determined to be invalid, or we have no record of your wellness assessment completion, we reserve the right to reconsider prior reimbursement payments. Allow four to six weeks from receipt for reimbursements. If you have any questions about your reimbursement, contact us at the phone number on the back of your member identification card.*

Mail completed form with receipts to:

Geisinger Health Plan
P.O. Box 160
Glen Burnie, MD 21060

The Healthy Rewards reimbursement program is available to members enrolled in Geisinger Health Plan fully-insured employer sponsored health coverage, Marketplace individual health plans, and some Geisinger Health Plan Third Party Administrator employer self-funded groups. Members enrolled in Geisinger Gold, Geisinger Health Plan Family (Medicaid), and Geisinger Health Plan Kids (CHIP) are not eligible.

Geisinger Health Plan may refer collectively to Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Services provided by Geisinger Indemnity Insurance Company.

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.